

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission files)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Hipolito m.
Poli Acosta

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☒ Change of Address

4402 Riverside Oaks
Kingwood, TX 77345

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 445-6346

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Richard
Sindolan

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6114 Queensloch Dr. Houston, TX 77050

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 229-8733

9 REPORT TYPE

☒

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

12/03/2005 THROUGH 01/15/2006

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

11/8/05

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council at Large #2

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

56.34

4. TOTAL POLITICAL EXPENDITURES

\$

56.34

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

6706.13

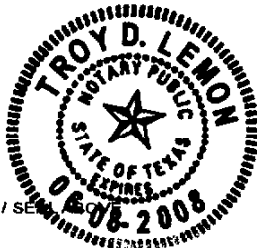
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Hipolito Acosta
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Hipolito Acosta, this the 17th day of January, 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1 of 2

2 FILER NAME

H. Polito M. Acosta

3 ACCOUNT # (Ethics Commission filers)

4 Date 12/15/05	5 Payor name Discover Network 6 Payor address; City; State; Zip Code 7 Reason for credit Credit Card Settlement	8 Amount (\$) 50.45
Date 12/16/05	Payor name Discover Network Payor address; City; State; Zip Code Reason for credit Credit Card Settlement	Amount (\$) 42.19
Date 12/20/05	Payor name Discover Network Payor address; City; State; Zip Code Reason for credit Credit Card Settlement	Amount (\$) 43.94
Date 12/27/05	Payor name Discover Network Payor address; City; State; Zip Code Reason for credit Credit Card Settlement	Amount (\$) 56.30
Date 12/28/05	Payor name Discover Network Payor address; City; State; Zip Code Reason for credit Credit Card Settlement	Amount (\$) 22.17

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 of 2

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 01/04/06	5 Payor name Discover Network Settlement 6 Payor address; City; State; Zip Code 7 Reason for credit Credit Card Settlement	8 Amount (\$) 31.91
Date 01/05/06	Payor name Discover Network Settlement Payor address; City; State; Zip Code Reason for credit Credit Card Settlement	Amount (\$) 24.89
Date 01/10/06	Payor name Discover Network Payor address; City; State; Zip Code Reason for credit Credit Card Settlement	Amount (\$) 30.72
Date 12/13/05	Payor name Discover Network Payor address; City; State; Zip Code Reason for credit Credit Card Settlement	Amount (\$) 56.30
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED